

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 104a  
Registered No. 110

1. PLACE OF BIRTH

County Cocconino State Arizona  
District or Township W. N. Reservation or Village \_\_\_\_\_  
City Tuba City No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jimmie Moore #82182 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Sept 4 1929  
Month Day Year

8. FATHER  
Full name Leslie Moore #81508

14. MOTHER  
Full maiden name \_\_\_\_\_

9. Residence (Usual place of abode) near Shonto  
If non-resident, give place and state.

15. Residence (Usual place of abode) near Shonto  
If non-resident, give place and state.

10. Color or race 7/4 Navajo 11. Age at last birthday 45 (Years)

16. Color or race \_\_\_\_\_ 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) W. N. Res.  
(State or country) Arizona

18. Birthplace (city or place) W. N. Res.  
(State or country) Arizona

13. Occupation  
Nature of industry Herder

19. Occupation  
Nature of industry weaver

20. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 5  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Born alive at with m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature David T. Brewster  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address W. N. R. Tuba City  
Month, day, year \_\_\_\_\_ Filed 5-5- 1930 R. L. Mansel  
Registrar Registrar

145-904-000